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Acute Coronary Syndromes

SEX DIFFERENCES IN 1-YEAR HEALTH STATUS FOLLOWING AN ACUTE MYOCARDIAL INFARCTION

Poster Contributions
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Session Title: Insights from Subgroups: Age, Gender and Diabetes
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Background: Past research suggests that women, compared with men, have worse survival after an acute myocardial infarction (AMI). However, little is known about whether women and men differ in their health status (symptoms, function, and quality of life [QOL]) recovery after AMI.

Methods: Using 2 multi-centered US AMI registries (PREMIER and TRIUMPH), we examined whether there were sex differences in health status recovery among 4,555 AMI patients using the disease-specific Seattle Angina Questionnaire (SAQ). We compared the 1-year change in SAQ angina frequency and QOL scores for men and women with hierarchical linear regression models that serially adjusted for demographics, clinical comorbidities, socio-economic factors, and treatment. To facilitate interpretability, we repeated the multivariable adjustments using a logistic regression model for the presence of any angina at 1 year (SAQ angina frequency score <100 vs. 100).

Results: Of 4,555 AMI patients, 1,481(32.5%) were women. Women were older, more frequently of black race and widowed, and were more likely to have economic barriers to care, including financial difficulty affording medications, and to not be employed. In comparison to men, women had lower mean baseline (61.3±23.4 vs. 64.9±22.7) and 1-year (80.3±21.5 vs. 84.2±19.0) SAQ QOL scores, and less model-adjusted improvement in QOL at 1-year (-3.0 SAQ points; 95% CI: -1.8, -4.20; $P<0.001$). In contrast, women had similar baseline (85.0±20.7 vs. 85.8±20.4), but more frequent angina at 1-year, compared with men (91.6±17.6 vs. 94.1±14.9), and this difference in improvement in 1-year angina status post-AMI persisted after full adjustment (-2.0 SAQ points; 95% CI: -1.0, -3.0; $P<0.001$), which translated to a 33% increased odds of any residual angina at 1-year (adjusted OR=1.33; 95% CI = 1.12, 1.59; $P=0.01$).

Conclusion: After an AMI, compared with men, women have less improvement in QOL and angina frequency and a greater likelihood of any angina at 1-year, despite adjustment for demographic, clinical, socio-economic, and treatment factors. More attention to the health status of women recovering from an AMI might reduce these disparities.